



DEPARTMENT OF THE ARMY
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
9501 FARRELL ROAD, SUITE G-C11
FORT BELVOIR, VIRGINIA 22060-5901

MCXA-DPCCM

(Date)

MEMORANDUM FOR South Post Health Clinic

SUBJECT: Physical Exam Update

NAME: _____

SSN: _____

DATE OF EXAM: _____

P____U____L____H____E____S____

CAT: _____ (*)

SRC: E S L P B (#)

FAX or Hand Carry To:

South Post Health Clinic
ATNN: MEDPROS – Data Entry Clerk
1-703-806-3591

Provider Signature

Provider Stamp

Provider Contact #

(#) **SRC**

(*) **CATEGORY**

E= Physical Exam
S= Aviation Short
L= Aviation Long
P= Profile – Data
B= MEB

A = No Limitations
B = No Significant Limitations
C = Limited Physical Training
D = Limited Physical Activity
E = No Combat Rations
F = No Isolated Assignment
G = Kevlar/LBE Limitations
H = No Hazardous Duty
J = Hearing Protection
L = No Cold Temperatures
M = No High Temperatures
N = No Combat Boots
P = Clothing Restrictions
U = Other Limitations
V = Deployment Restrictions
W = MOS Medical Review Board (MMRB)
Y = Fit for Duty

Date: 12 Dec 2005